

1122

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>195</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>919</u>
Town of <u>Hayden</u>			Local Registrar No. <u>56</u>
or _____			
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Alisia Garcia</u> <small>If child is not yet named, make supplemental report, as directed.</small>			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? _____
6. Date of birth <u>Nov 27 1924</u>		7. Month _____ day _____ year _____	
8. FATHER		14. MOTHER	
Full name <u>Apolina Garcia</u>		Full maiden name <u>Udelaida Romero</u>	
9. Residence (Usual place of abode) <u>Hayden</u>		15. Residence (Usual place of abode) <u>Hayden</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>38</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Mexico, Attan</u>	(State or country) <u>Don. Mex.</u>	18. Birthplace (city or place) <u>Mammoth</u>	(State or country) <u>Arizona</u>
13. Occupation <u>Laborer</u>	Nature of industry <u>Smelting</u>	19. Occupation <u>Housewife</u>	Nature of industry _____
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living _____		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10:00 P.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Eufemia Romero</u>	
Given name added from a supplemental report _____		Address <u>Hayden, Arizona</u>	
Month, day, year. _____		Filed <u>Dec 5</u> , 19 <u>24</u> <u>W.B. Dash</u>	
Registrar. _____		Filed <u>12-7</u> , 19 <u>24</u> <u>B.G. [Signature]</u>	
		County Registrar.	

171-1127-196